

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101552 143

FILING DATE

10-7-05

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|-----|--|--|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | | 1 | | | | | | 51 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 2 | | 1 | | 1 | | | 52 | | | | | | | |
| 3 | | 2 | | 1 | | | 53 | | | | | | | |
| 4 | | 3 | | 1 | | | 54 | | | | | | | |
| 5 | | 1 | | 1 | | | 55 | | | | | | | |
| 6 | | 2 | | 1 | | | 56 | | | | | | | |
| 7 | | 3 | | 1 | | | 57 | | | | | | | |
| 8 | | 4 | | 1 | | | 58 | | | | | | | |
| 9 | | 5 | | 1 | | | 59 | | | | | | | |
| 10 | | 6 | | 1 | | | 60 | | | | | | | |
| 11 | | 7 | | 1 | | | 61 | | | | | | | |
| 12 | | 8 | | 1 | | | 62 | | | | | | | |
| 13 | | 9 | | 1 | | | 63 | | | | | | | |
| 14 | | 10 | | 1 | | | 64 | | | | | | | |
| 15 | | 11 | | 1 | | | 65 | | | | | | | |
| 16 | | 12 | | 1 | | | 66 | | | | | | | |
| 17 | 1 | | 1 | | 1 | | 67 | | | | | | | |
| 18 | 1 | | 1 | | 1 | | 68 | | | | | | | |
| 19 | 1 | | 1 | | 1 | | 69 | | | | | | | |
| 20 | 1 | | 1 | | 1 | | 70 | | | | | | | |
| 21 | | | | | | | 71 | | | | | | | |
| 22 | | | | | | | 72 | | | | | | | |
| 23 | | | | | | | 73 | | | | | | | |
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| 35 | | | | | | | 85 | | | | | | | |
| 36 | | | | | | | 86 | | | | | | | |
| 37 | | | | | | | 87 | | | | | | | |
| 38 | | | | | | | 88 | | | | | | | |
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| 42 | | | | | | | 92 | | | | | | | |
| 43 | | | | | | | 93 | | | | | | | |
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| 49 | | | | | | | 99 | | | | | | | |
| 50 | | | | | | | 100 | | | | | | | |
| TOTAL IND. | | | 4 | | | | | | | | | | | |
| TOTAL DEP. | | 16 | | | | | | | | | | | | |
| TOTAL CLAIMS | | | 20 | | | | | | | | | | | |